

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____ 2 Serial/Patent # 10/521294

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ 100
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

REFUND COMPLETED
PCT NATIONAL DIVISION

7 TOTAL AMOUNT OF REFUND \$ 100

8 TO BE REFUNDED BY:

10 REASON: ☐ Treasury Check

☒ Overpayment ☒ Credit Deposit A/C #:

☐ Duplicate Payment 9 19--0134

☐ No Fee Due (Explanation): _____

REFUND COMPLETED
PCT NATIONAL DIVISION

11 REFUND REQUESTED BY: _____

TYPED/PRINTED NAME: T. Hillman TITLE: Analyst

SIGNATURE: [Signature] PHONE: 308-91400 209

OFFICE: _____

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: